No. C 43920		Due no later than Jun 30, 2018	2. Registered Agent and Address (NO PO BOX) JEAN DELUCA 555 E PARKCENTER BLVD BOISE ID 83706 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DELTA DENTAL PLAN OF IDAHO, INC. GREG DONACA 555 E PARKCENTER BLVD				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		BOISE ID 83706 ess Addresses of President, Secretary, and Directors. Treasurer		tered Agent Si	gnature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT VICE PRESIDENT	GREG DONAC CORY VAUGH		BOISE BOISE	ID ID	USA USA	83706 83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 43920		Signature: Kristina Inskeep Name (type or print): Kristina Inskeep	Date: 04/30/2018 Title: Controller			
Processed 04/30/2018		* Electronically provided signatures are accepted as original signatures.				